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APPLICANTS

Takeshi Miura, Tokyo, JAPAN;
 Nobuo Uee, Tokyo, JAPAN;
 Mitsuru Nishitsuka, Tokyo, JAPAN;

** CONTINUING DATA ***** NAME *KB*

** FOREIGN APPLICATIONS ***** YES *KB*
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>KB</i> Initials			

ADDRESS

ARENT FOX KINTNER PLOTKIN & KAHN, PLLC
 1050 Connecticut Avenue, N.W. Suite 600
 Washington , DC
 20036-5339

TITLE

Terminal equipment for cable television

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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